

DEPARTMENT OF TRANSPORTATION

Part A - To Be Completed By Each Person Removing Equipment		DATE
NAME (Typed or printed)	DESCRIPTION OF EQUIPMENT (Include serial number)	OTHER <input type="checkbox"/> DOT <input type="checkbox"/> PERSONAL <input type="checkbox"/> VENDOR <input type="checkbox"/> OTHER (Specify)
(Signature)		

Part B - To Be Completed By DOT Personnel Only				
ORGANIZATIONAL ELEMENT	RTS. SYMB.	PHONE	OFFICE BLDG.	ROOM NO.

Part C - To Be Completed By Non-DOT Personnel Only			
EMPLOYER	ADDRESS OF EMPLOYER	DOT OFFICIAL AND OFFICE AWARE OF REMOVAL	PHONE NO.

Part D - To Be Completed By Guard		
PERSON REMOVING PROPERTY WAS - <input type="checkbox"/> DOT EMPLOYEE <input type="checkbox"/> OTHER	IF OTHER - NAME OF DOT OFFICIAL AND OFFICE WHO VERIFIED REMOVAL	VERIFIED BY <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON
SIGNATURE OF GUARD	BUILDING	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

REMARKS

ROUTING INSTRUCTIONS FOR COMPLETED FORMS		
GUARD: Fold original with lower end exposed, staple, and forward to security office. Provide duplicate copy to individual concerned. SECURITY OFFICE: Forward to property management office.		
ROUTING OF COMPLETED COPIES		
TO	ROUTING SYMBOL	ORGANIZATION
1		
2		